Department of Health

Province of Nova Scotia

Report for the year ended March 31, 1983

84- 3034 /

DEPARTMENT OF HEALTH
PROVINCE OF NOVA SCOTIA

REPORT FOR THE YEAR ENDING MARCH 31, 1983

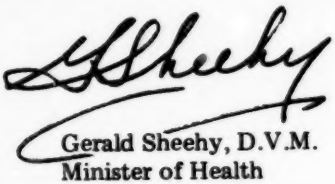
To His Honour,

The Honourable Alan R. Abraham, C.D.,
Lieutenant Governor of Nova Scotia

Sir:

I beg to present herewith the Annual Report of the Department of Health for the year ending March 31, 1983.

I have the honour to be,
Sir,
Your most obedient servant,



Gerald Sheehy, D.V.M.
Minister of Health

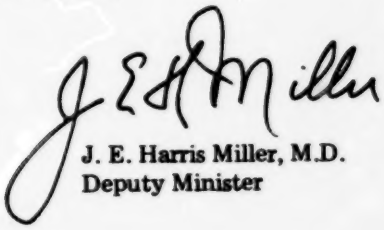
To The Honourable Gerald Sheehy
Minister of Health

Sir:

I have the honour to submit herewith the Annual Report of the Department of Health for the year ending March 31, 1983.

Health Unit and Division reports are abridged versions of the complete reports, which are available in the Department.

I have the honour to be,
Sir,
Your obedient servant,



J. E. Harris Miller, M.D.
Deputy Minister

March 31, 1983

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DEPARTMENT OF HEALTH

This report is a summary of highlights of the year for the Department as well as a summary of some key activities of the various Divisions within the Department. It is intended to give a brief overview of the Department's activities in the Province during the year 1982-83. For those who would like further information on these activities, Health Units and Divisions within the Department have prepared reports and analyses of a more detailed nature.

For the fiscal year 1982-83 the Department of Health organized its major functions and support services as outlined below:

DEPUTY MINISTER -

Administrator - Health Care Institutions
Administrator - Psychiatric Mental Health Services
Administrator - Community Health Services
Administrator - Environmental Health
Administrator - Finance
Administrator - Information Systems & Research
Director - Vital Statistics
Director - Personnel

Legal Counsel

HOSPITAL AND MENTAL HEALTH PROGRAMS

HEALTH CARE INSTITUTIONS

The Division is responsible for the Department's programs and services to Health Care Institutions. The principal functions of the Division in fulfilling its responsibilities include:

- monitoring general hospital operations
- monitoring the maintenance of hospital standards
- review and evaluation of hospital staffing
- hospital staff training and development
- hospital planning and construction
- budget review and monitoring of approved hospital expenditures
- provision of consultant services to hospitals
- hospital services planning

The Province, for purposes of planning and reviewing the population utilization of hospital services is divided into nine regions. Three Directors cover the hospitals in each of these Regions, sharing the responsibility for Region IX which includes the Halifax Metro area.

Staff turnover, including a Regional Director absent for 6 months and the Administrative Co-ordinator absent for the whole period, restricted to some extent the activities of the Division in revising out-dated policies and procedures, and continuing the "Team Visits" started in 1979-80. Nevertheless, progress was made in developing the needed information system to allow the fullest use to be made of the information contained in the reports made by hospitals to the Department. A microcomputer is expected to be installed in 1983-84 to help in this. Further, the work of the Finance Division, in automating production of the hospital financial reports and projections, on a cost centre basis, has been of considerable assistance. Of note was the secondment on the Di-

vision's Co-ordinator of Health Facilities Planning to carry out a Role Study and Master Program for the I.W.K. Children's Hospital. While the Department has written Role Studies with smaller hospitals in the past, joint planning at this level is seen as a significant event in Department/Hospital co-operation.

The year was one of restraint, with budget restrictions for all hospitals. Careful attention to costs, staffing levels and the week-by-week requirement for beds and other services enabled most hospitals to live within their approved budget, or with very minor deficits. The continued improvement in management at the Victoria General Hospital, as judged by the ability to live within budget yet continue to provide all required services was especially noteworthy. It is of note that the effects of bed closures, albeit temporary, in the smaller hospitals, put additional pressures at times on the large institutions. In most hospitals, while patient days dropped, admission of patients stayed steady. This was possible through shortening of lengths of stay. No measureable detrimental effect on the health of the patients was found due to this.

While the distribution of physicians, especially specialists, around the Province is still uneven, the overall increased supply is having its effect on the use of hospitals. Serious consideration is beginning to be given to limiting the total number of physicians with privileges in the larger hospitals, to allow full development of the most appropriate services. The Department has continued to encourage specialists to move to the regional hospitals, and a number of services such as obstetrics are now well covered in most regions. Ophthalmologists are also becoming more widely spread, as are fully qualified anaesthetists.

The construction program for hospitals was put on hold during the restraints of 1982-83. There are now over $300 million of projects for hospital renovation and construction "on the books" for the rest of this century. Of major concern was the postponement of the Camp Hill Medical Centre project, effectively delaying replacement of the Halifax Infirmary, the Grace Maternity Hospital, and the Halifax Civic Hospital, as well as Camp Hill

Hospital itself. Also delayed are the replacement of St. Martha's Hospital, Antigonish, a new regional hospital in Sydney, a new hospital on the Miller site at Kentville, and major additions to Dawson Memorial Hospital, Bridgewater.

On the positive side, the new Ambulatory Care Centres at the Victoria General Hospital and the Aberdeen Hospital, New Glasgow were virtually completed in this fiscal year, and work on the Northside Harbour View Hospital in North Sydney and Sydney Mines proceeded on schedule. This latter hospital is now run by one Board, with all acute services being provided in the Northside General Hospital, and rehabilitation and extended care (Type III) programs, including 35 D.V.A. beds, operating in a new Harbour View Hospital in Sydney Mines. Extensive renovations and additions to Annapolis General Hospital were opened and planning for the replacement of Glace Bay General Hospital continued. Dartmouth General Hospital opened its new Emergency and Out-Patient Departments, along with expansions of Radiology, the Operating Suite and Stores area.

The major issue of transferring acute beds to extended care use is still unresolved. Nova Scotia currently has over 6 acute beds per 1,000 population, compared to a Canadian figure of 4.5. Nova Scotia has less than 0.3 Extended Care Beds (Type III) per 1,000 population, including D.V.A. beds, compared with a Canadian figure of 1.5. However, few acute beds are "blocked" by long stay patients, and the tradition in the population of "looking after our own" continues. Given Canada's (poor) record of high rates of institutionalization of the elderly, the pilot projects on Home Care and the expansion of Home Help Services would appear to be an appropriate direction in which to experiment in the near future.

PSYCHIATRIC MENTAL HEALTH SERVICES

The major functions of the Division of Psychiatric Mental Health Services are those of: planning, budget assessment, monitoring of psychiatric facilities and psychiatric mental health programs in general hospitals and provision of consultation services. During the fiscal year 1982-83 efforts continued to oversee the decentralization of psychiatric services by the development of comprehensive psychiatric mental health services in each regional hospital throughout the Province.

The principal highlights of the year were as follows:

- *Mergers with General Hospitals* - - - During the year, final negotiations took place between the Valley Health Services Association, the Fundy Mental Health Centre and the Kings Regional Health and Rehabilitation Centre to work out a Merger Agreement to provide coordination of the In-patient, Out-patient and Partial Hospital Services currrently located in the three separate facilities located in the Valley. Merger of these facilities has been under consideration since 1976. The Agreement is scheduled to be signed by the three parties and the Minister of Health in 1983.

- *Abbie J. Lane - Camp Hill Hospital* - - - In 1981, the Province purchased the Abbie Lane Hospital. This facility was amalgamated with the Camp Hill Complex to become the basis of a comprehensive psychiatric mental health service for the Halifax catchment area. Final plans were completed and renovation to the Abbie Lane building to house this service were commenced in 1982-83. This construction is the first phase of the development of an enlarged Camp Hill Complex. For the renovation period temporary quarters were located for Abbie Lane's two Partial Hospital Programs and the Out-patient Service. Psychiatric in-patient beds were closed at Abbie Lane requiring the In-patient Psychiatric Unit at Camp Hill to expand from 10 to 20 beds.

- *Guidelines* - - - A final draft of the Guidelines for the Planning and Development of Psychiatric Mental Health Services, was completed by the Division and presented at a Meeting of Senior Staff in Psychiatric Mental Health Services from across the Province. These Guidelines will be officially adopted by the Department of Health, in the next fiscal year, to become a planning guide for the development of decentralized services for Nova Scotia.

- *Partial Hospitalization Unit - Colchester Hospital* - - - Approval was given to the Colchester Hospital to renovate an area to provide space for a new Partial Hospital Unit. The new Unit was opened in the latter part of the year. Partial Hospital Units are now located in the Cape Breton, Camp Hill, Highland View, Yarmouth Regional, Valley Health Services Association and Colchester Hospitals.

- *Long-Term Unit - Nova Scotia Hospital* - - - Planning for the construction of a new 100 bed Unit, (three 25 bed long-term psychiatric units and one 25 bed unit for the mentally retarded) proceeded through the functional program stage and into the planning stage.

- *Yarmouth Regional Hospital - Shelburne Satellite* - - - During 1982-83 Departmental approval was given for the Roseway Hospital, in Shelburne, to renovate space for the provision of Outpatient Psychiatric Mental Health Services to the Shelburne area from the Yarmouth Regional Hospital, on a satellite basis.

- *Cape Breton Hospital* - - - The Cape Breton Hospital, through its Hospital Foundation, instituted a Tel-Med System. This was the first such service outside the United States. The concept of the Tel-Med System is to make available taped information on various health topics, including mental health, to the public, who have access to this information by telephone. The service is located at the Cape Breton Hospital and operated by volunteers. The service is free of charge to callers in the Cape Breton area.

The Cape Breton Hospital received the Department of Mines and Energy, Energy Conservation Award in the Large Institution Category. The Department of Health approval to this Hospital to convert their boilers from high to low pressure resulted in a saving in fuel of approximately 50%, as well as other savings in the operating budget through reduction in staff.

A Program Audit was completed on the In-patient Service for the Cape Breton Hospital by the Division Staff. Following the Audit a report with recommendations was forwarded to the Board of Directors of the Hospital.

- *Once More for Children* - - - During 1982-83 a study, commissioned by the Department through the Metropolitan Mental Health Planning Board, was completed: "Once More for Children." The Report has been forwarded to the Minister of Health.

PUBLIC HEALTH PROGRAMS

COMMUNITY HEALTH SERVICES

- *NURSING DIVISION* - - - The Department of Health employed Community Health Nurses and Certified Nursing Assistants in 1982-83 to provide community health nursing services to the Province of Nova Scotia. The nursing staff made visits to people of all ages; however, the majority were to mothers and infants and to the elderly.

The Maternal and Child Health Program is the primary prevention program of community nursing. This program consists of prenatal, postnatal and infant home visiting and prenatal classes for expectant parents.

Communicable Diseases Control is a continuing program with special emphasis on prevention throughout the month of November when extra immunization clinics were held in communities of Nova Scotia.

Twenty percent of the home visits made by the nursing staff were also nursing care visits. However, most of these visits were made to persons aged 65 years and over. The primary diagnosis of cardiovascular diseases was the major reason for visiting the elderly. Close to two-thirds of the clients over age 65 years had some form of cardiovascular disease.

Other programs that continued throughout the year included Mental Health and Psychiatric Care Follow-up, School Health and Pre-school Clinics.

Professional Development Programs continued with several regional educational programs. Central orientation for newly appointed Community Health Nurses and central refresher courses for Community Health Nurses who had been on staff for five or more years were also held.

- *HOME CARE* - - - The two pilot projects on home care in Pictou and Lunenburg Counties continued as a cooperative effort between the Community Health Services Division and the Department of Social Services. Home care nursing services were offered to all referred patients over 60 years of age in the project areas. The project will be evaluated in late 1983 and information gained will assist the Department in determining the most appro-

priate manner to provide home nursing care to senior citizens throughout the province in cooperation with other community based services.

- *HEALTH PROMOTION DIVISION* - - - Throughout the year the Health Education Officer:

(a) provided consultative services to the Department of Education Curriculum Development Committee in relation to a new senior high school health education program;

(b) worked on the Family Life Advisory Committee established by the Dartmouth School Board; and

(c) was a member of the sub-committee of the Federal /Provincial Advisory Committee on Health and Promotion, working on developing a document entitled Health Promotion Planning Framework.

- *NUTRITION DIVISION* - - - The Director and Assistant Director are responsible for broad nutrition education program planning and coordination.

The 1982-83 program reflected on-going community education. Activities included continuing professional education for community health nurses, teachers and pre-school centre workers; nutrition education via media; direct public education; dissemination of nutrition information and teaching ideas through newsletters and bulletins; consultation with community leaders (e.g. school boards, recreation commissions) and professionals in government departments such as social workers, home economists.

- *EPIDEMIOLOGY DIVISION* - - - In general, the activity of communicable disease throughout the province demonstrated no unexpected trends during 1982-83. Tuberculosis continued to decline substantially. Despite traditional problems with gross underreporting the number of cases of venereal disease reported for 1982-83 was higher than previous years - similar to observations made throughout North America.

Measles and rubella were still important causes of childhood illness, but there was no increased activity of these vaccine-preventable diseases over previous years. Experience elsewhere would suggest that the persistence of these preventable diseases was primarily due to a substantial reservoir of unimmunized children.

Episodes of influenza-like illness were scattered throughout the province in the early winter months; however, no major outbreaks of epidemics of actual influenza were observed.

In summary, the Health Department's Communicable Disease Control programs would appear to have performed very satisfactorily over the period of 1982-83. Significant improvement in the prevention and control of tuberculosis was maintained while VD Control activities would appear to have much less impact. It is anticipated that the amount of vaccine-preventable diseases such as measles and rubella will continue to substantially decline as the Department's immunization programs protect more susceptible children.

- *DENTAL DIVISION* - - - The Dental Program operated by the Department of Health consists of rendering treatment and preventive dental services to elementary-aged children as well as preschoolers. The services provided by dentists were aimed at dentally underserviced areas and groups of children with most dentists working through the school system by operating school-based portable dental treatment clinics. Children having the greatest need for dental care and those at highest risk and susceptibility to dental disease represent the primary target group. Dentists provide basic children's dentistry consisting of examination, diagnostic services, restorative treatment (fillings), dental extractions and consultation and referral services.

Like public health dentists, the dental hygienists rendered services in the relatively underserviced, high-risk, non-fluoridated areas of the Province and covered children from pre-school through elementary age. Dental Hygiene services are prevention oriented, consisting of clinical preventive services including prophylaxis (cleaning of teeth), fluoride applications, dental examinations (screening), parent consultation and referral for dental care. The other important area of hygiene services is that of oral health promotion consisting of dental health education of both children and parents including dietary counselling as it applies to dental health.

The Dental Incentive Program awarded grants to dentists agreeing to locate in underserviced, designated areas of the Province. This program has been successful in promoting better distribution of dentists in Nova Scotia making accessibility to dental care an easier task for greater numbers of residents in Nova Scotia. Financial help is also available under this program to underserviced communities to help them attract dentists to their areas.

ENVIRONMENTAL HEALTH SERVICES

- *PUBLIC HEALTH ENGINEERING DIVISION* - - - The Division of Public Health Engineering includes both inspection and engineering components. The engineering portion includes Regional Public Health Engineers who report to the Director of Public Health Engineering. The inspection function is carried out through the seven Health Units in the Province. Public Health Inspectors in each Health Unit report to a Supervisor of Inspectors who in turn reports to the Health Unit Director. The Chief Public Health Inspector, who reports to the Director of Public Health Engineering, is responsible for technical competence of the inspection staff through their Supervisors, program development and performance. Both the inspection and engineering components are complementary to each other and a close liaison is maintained between both groups.

The programs of the Division can be grouped under a number of general headings including: *Inspection, Water Supplies, Sewerage, Milk and Dairy Products, Recreational Sanitation, Solid Waste Disposal, Food Sanitation and Schools.*

The health inspection staff were very active in the field of education during the past year with special emphasis on food handler courses, which are being offered to restaurants, cafeterias, homes for special care, and training schools.

Surveillance of water supplies and project approvals are of major concern. Surveillance includes chemical, physical and bacteriological monitoring of supplies for municipalities, schools, restaurants, campgrounds, trailer parks and subdivisions as well as individuals.

Cooperation with the Health Protection Branch (Health and Welfare Canada) continued as previously and many foodhandlers received Certification.

- *OCCUPATIONAL HEALTH DIVISION* - - - A serious attempt was made during the year to emphasize awareness of potential hazards in the work environment of all Nova Scotians with particular stress on control and prevention. Accordingly, all staff

participated in educational training programs across the province and also contributed in consultations on occupational health with industry, government and private individuals.

Increasing overall awareness of occupational health considerations has resulted in an escalation of requests for on-site investigations. Current projections indicate the need for this type of service will expand rapidly in the future.

The majority of the Division's activities consisted of inspections and requested evaluations of specific health hazards associated with exposure to chemical and physical agents. Efforts to identify and catalogue pesticides used in Nova Scotia and to establish a system of response to related enquiries was continued. Attention was also paid to identifying the problems associated with urea formaldehyde and sprayed asbestos insulation.

The main effort of the *radiation protection section* was directed towards operation of a radiation surveillance program for hospitals which included evaluation of actual and potential severities of exposure to x-rays of both the hospital staff and patients and included continued participation in the National Evaluation of X-rays Trends program operated by Radiation Protection Bureau. In addition to the surveillance program run for hospitals, checks of licences under A.E.C.B., check of radioactive materials in transit and a number of other inspections were carried out by the radiation officer, who was also involved during this year in giving lectures and in attendance at Provincial and Federal meetings.

The major thrust of the *Occupational Nurse Consultant's work* has been directed towards creating an awareness of the need for control and prevention of health hazards in the workplace. As a result of her direct contacts with Occupational Health Nurses in the Province, companies' safety personnel, and physicians working in industry there is a positive acceptance to the development of occupational health services by a number of companies. In addition to the one-to-one contacts, the Nurse Consultant has promoted appropriate preventive services through her lectures and talks to Community Health Nurses, the Occupational Health Nurses' Association of Nova Scotia, Community Organizations, Dalhousie School of Nursing, Dalhousie University School of Human Communications, N. S. Lung Association and Cape Breton College Workshop.

HEALTH SUPPORT SERVICES

FINANCE

The first of the two accompanying schedules provide the expenditures for the fiscal year ended March 31, 1983 for the various health care services that are the responsibility of the Department of Health. A comparison is made of the costs for the year just ended with those of the previous twelve month period ended March 31, 1982. The Finance Division of the Department is concerned with the assembling and monitoring of the capital and operating budgets relating to these expenditures.

A staff administers the funding of the hospital insurance program including the psychiatric services. This program makes available both in-patient and out-patient services to every resident of Nova Scotia, both inside and outside the Province. Accounting Counsellors provide information to assist the hospitals with the preparation of their annual operating budgets and the interpretation of the subsequently approved budgets. The hospitals' records are reviewed to provide a basis for approving these budgets and for recommendations that are required for final settlements after the year end.

Expenditures by the Department for approved services and equipment in general hospitals totalled $393,637,004 in 1982-83 an increase of 13.43 per cent over the previous period, including new and expanded programs.

The amount of $30,100,184 for psychiatric services was an increase in the equivalent costs of psychiatric services of 10.40 per cent over the 1981-82 costs.

The increase in Capital Debt Assistance payments is related to completion of additions and alterations to Aberdeen General (New Glasgow), Annapolis General, Dartmouth General and Soldiers' Memorial (Middleton) Hospitals and the completion of a new hospital in Sydney Mines.

The amount of $9.9 million for construction grants includes $8.5 million related to major alterations and additions to Northside General Hospital (Sydney Mines), new facilities for the Ca-

nadian Red Cross Society Depot in Halifax, and completion of additions to Aberdeen General and Dartmouth General Hospitals.

The final group of expenditures on the schedule are the operating budgets for the programs and policies of the three areas of administration, community health, and environmental health. Included here are the costs of the eight regional health units, the public health nursing service, the public health inspection service, the nutrition service, and the dental services provided to children. The promotion of health and the prevention of disease, along with the cost of administering the Department, totalled $24,163,980 in 1982-83, an increase of 8.44 per cent over the previous year. Generally this increase is accounted for by the effects of inflation on the cost of salaries and supplies.

The adoption by all provinces during 1981-82 of a reciprocal billing procedure for in-patient services received by residents while out-of-province, contributed to the 53.99 per cent rise in Out-of-Province recoveries during 1982-83, the first full year of its operation.

The net cost to the Province for the various health care services amounted to $445,062,443 for the fiscal year ended March 31, 1983. The major causes of the 11.84 per cent rise from the level of the previous year were the impact of new and expanded services, the level of salary settlements, and the pressures of inflation on the other operating expenses in the hospitals.

The Division of Finance continued to be responsible for the third party liability operations through which the Department attempts to recover the amounts paid for hospital and medical services rendered as a result of the wrongful act of third parties. The second accompanying schedule provides a summary of the volume of claims received, processed, and remaining open during the year just ended, with a comparison of the volumes handled during the prior year. The dollars recovered towards the costs of hospital and medical services resulting from accidents for the year are also shown. In spite of fewer accidents involving a third party, there was a 107.63 per cent increase in the dollars recovered because of the rising per diem hospital costs, settlements of very large claims which were awaiting court decision, an increase in the compulsory liability insurance, and more frequent out of court settlements.

DEPARTMENT OF HEALTH
COMPARISON OF EXPENDITURES
FOR THE TWELVE MONTH PERIOD ENDED MARCH 31, 1983
(AND 1982 FOR COMPARISON)

	March 31 1983	March 31 1982	% Inc. (Dec.)	
General Hospital Services				
In-Patient Services	$326,599,438	$292,362,295	11.71	
Out-Patient Services	67,037,566	54,683,099	22.59	
	$393,637,004	$347,045,394	13.43	
Psychiatric Services	$ 30,100,184	$ 27,263,845	10.40	
Grants				
Capital Debt Assistance	$ 4,285,092	$ 3,425,786	25.08	
Construction Grants	9,934,615	8,801,697	12.87	
	$ 14,219,707	$ 12,227,483	16.29	
Health Administration & Programs				
Administration	$ 10,198,489	$ 9,964,623	2.34	
Community Health	11,679,714	11,033,319	5.86	
Environmental Health	2,285,777	1,285,238	77.85	*
	$ 24,163,980	$ 22,283,180	8.44	
TOTAL EXPENDITURES	$462,120,875	$408,819,902	13.04	
DEDUCT:				
Out-Of-Province Recoveries	$ 15,763,763	$ 10,236,610	53.99	
Third Party Liability Claims	1,294,669	623,539	107.63	
	$ 17,058,432	$ 10,860,149	57.07	
Net Expenditures	$445,062,443	$397,959,753	11.84	

*** During 1982-83 environmental inspection services were transferred from Community Health to Environmental Health**

DEPARTMENT OF HEALTH
THIRD PARTY LIABILITY RECOVERIES
FOR THE TWELVE MONTH PERIOD ENDED MARCH 31, 1983
(AND 1982 FOR COMPARISON)

	March 31 1983	March 31 1982	% Inc. (Dec.)
Files carried open as of April 1,	2,615	2,691	(2.82)
New files opened during the year	2,275	2,626	(13.37)
Total files under examination and negotiation	4,890	5,317	(8.03)
Files closed during the year	2,498	2,702	(7.55)
Files remaining open as of March 31,	2,392	2,615	(8.53)
Breakdown of Recoveries:			
For Hospital Costs	$1,164,227	$539,036	115.98
For Medical Costs	130,442	84,503	54.36
TOTAL RECOVERIES	$1,294,669	$623,539	107.63

INFORMATION SYSTEMS AND RESEARCH

The Information Systems and Research Division provides two general types of services to the Department, research and planning, and information processing. The research and planning activities include health manpower resource planning, health program evaluation, computer equipment and information system planning for both the Department and the hospitals throughout the Province, and health records consulting. Information processing includes processing of hospital and community health data, and preparation of statistical and computer reports.

- *HEALTH MANPOWER PLANNING* - - - The health manpower section is responsible for the planning and monitoring of human resources, primarily in the areas of manpower utilization, productivity, supply, distribution and education, and the development of comprehensive provincial health manpower policies to correct resource imbalance.

The highlights of 1982 include:

(a) a preliminary examination of health manpower information requirements was conducted, including the identification of inadequacies of current data systems, and a tentative proposal for collecting more timely, accurate and comparable data on all major provincial health disciplines.

(b) a number of small assessment projects were conducted in the areas of health manpower legislation, the demand for nursing and rehabilitation services personnel, the role of immigrant health personnel, as well as the development of a health manpower planning model.

(c) physician manpower planning has remained a high priority area. As part of a national project, Nova Scotia is currently refining existing data on physician supplies, conducting a review of present physician requirements and developing a methodology to assess future physician demand. Provincially funded medical residency posts will be reduced by about 20 percent between 1980-1984 to allow Nova Scotia to bear a smaller and more appropriate share of the

cost of medical education within the Maritime region. Concomitantly, steps will be taken to ensure a better provincial retention and regional distribution of physician manpower resources.

- *PROGRAM EVALUATION* - - - The objective of Program Evaluation is to assist managers in making decisions about the allocation of scarce resources. This is achieved by providing information on whether programs are meeting their goals efficiently and effectively.

During fiscal year 1982-83, three projects were completed: An Infant Feeding Survey, an Evaluation of Nutrition Week 1982, and an Evaluation of the Home Care Pilot Projects. The Infant Feeding Survey was a province-wide survey of mothers and newborns. The study was undertaken to determine infant feeding practices throughout the Province. The Evaluation of Nutrition Week 1982 was conducted in March '83 and consisted of the Department of Health Nutritionists surveying a sample of junior high school students in their catchment areas. The Home Care Pilot Projects were established in Pictou County and in the towns of Lunenburg and Bridgewater. The report was on the first year of operation.

- *DEPARTMENTAL SYSTEMS* - - - The Division had no staff in this section in 1982-83 and was therefore unable to undertake extensive work. A new Community Health Inspector Information System was successfully implemented on the Department of Government Services mainframe computer.

Early in the year a new Departmental financial reporting system was implemented on the minicomputer in the Health Department. In addition, a performance reporting system for hospitals was designed and developed for implementation early in 1983-84. This system will produce financial reports for all hospitals as well as results indicators for hospitals converted to cost centre accounting.

- *HEALTH CARE STATISTICS* - - - The Health Care Statistics section processed the following forms during the year, with the data then being entered into the computer at DGS, and stored and maintained for regular and ad hoc reporting.

	Volumes
Hospital Admission/Separation Forms	*160,000*
Psychiatric In-Patient Forms	*6,000*
Psychiatric Out-Patient Forms	*112,000*
Public Health Inspectors' Inspection	*11,000*
and Activity Forms	*40,000*
Community Health Nursing Activity Forms	*264,000*

A total of 300 requests for ad hoc information from the computer files were received and reports sent out in response. Approximately 1800 A/S reports were requested by hospitals for use in analyzing morbidity (ie. disease incidence) and utilization of facilities.

A revised Admission/Separation form was designed and implemented for the Victoria General and Dartmouth General Hospitals. These two hospitals are now computerized necessitating a continuous roll form. Included in the revision are a patient arm band, and consent form for clinical procedures and release of patient clothing and valuables.

A series of 33 annual reports from the Psychiatry Out-Patient system were designed and implemented. These are now being used by all facilities.

- *HEALTH RECORDS CONSULTING* - - - The Health Records Consultant visited thirty hospitals during the year, providing consulting services and reviewing procedures and methods in the Medical Records Departments. Extensive assistance was provided to the Northside General Hospital regarding the design of their new Records Department, and to the Victoria General Hospital Tumor Clinic to plan the amalgamation of their records with the Tumor Registry and with the Radiotherapy Departments of both the VGH and the Halifax Infirmary.

Considerable effort went into organizing, planning, and training hospital staff for the start of Day Surgery Reporting early in 1983-84.

- *HOSPITAL SYSTEMS* - - - The Department of Health has an ongoing program to support hospitals implementing computer technology. One major component of this program is the provision of software support which is contracted to private programming companies through the auspices of the Department of

Government Services.

At year end there are 17 hospitals with access to computerized accounting systems from 14 computer sites in hospitals.

Major activities under the software program during the year were:

(a) implementation of accounts payable and general ledger system at Sydney City Hospital, Valley Health Services Association, and Dawson Memorial Hospital.

(b) implementation of payroll systems at the Sydney City Hospital, Colchester Hospital, and Highland View Regional Hospital.

(c) implementation of the inventory system at the Highland View Regional Hospital.

(d) a budget preparation system was developed for the Victoria General Hospital.

Other major computer activities in Nova Scotia hospitals were:

(a) Camp Hill Hospital commenced implementing a computerized Central Register.

(b) the Victoria General Hospital received approval to implement a computerized emergency registration system.

(c) the Victoria General Hospital received approval to acquire a computerized system for the Ambulatory Care Centre which was subsequently put out to tender by the Department of Government Services. The decision was still pending at year end.

(d) there were additional programs at the pilot site for the computerized patient administration system at the Dartmouth General Hospital. Modules installed this year include, central scheduling and radiology registration. The major remaining modules include accounts receivable and medical records abstracting.

VITAL STATISTICS

The function of this Division is to carry out the administrative and clerical duties required in the administration of the Vital Statistics Act, the Solemnization of Marriage Act, and the Change of Name Act, to provide vital statistical data from the records filed under these Statutes as the need arises, and assist in the compilation and analysis morbidity and mortality statistics for the Department.

A total of 713 copies of orders for adoptions were received and filed, with the notation of the adoptions completed on the birth records of the adopted persons.

Other notations completed on records during the year totalled 1,035. Legitimations completed totalled 210.

Questioning informants regarding missing or obviously incorrect information on current registrations resulted in a total of 1,955 queries from the office.

Letters received by the Division totalled 43,444, with outgoing letters totalling 38,522 including letters of query.

Changes of Name completed under the Change of Name Act totalled 297 for the year, with 83 duplicate certificates of Change of Name being issued.

Clergymen of all Denominations newly registered under the Solemnization of Marriage Act to perform marriages in the Province totalled 261. Clergymen whose names were removed from the Clergymen's Register during the year numbered 66.

Delayed registration of birth, being registrations completed more than one year following the date of birth, were completed and filed for 691 persons.

Registrations of current vital occurrences were filed as follows:

Births	*12,400*
Deaths	*7,015*
Stillbirths	*94*
Marriages	*6,495*

These figures represent the actual number of registrations of these events filed, and may differ slightly from the final vital statistics tables where the figures are stated by place of residence.

Certificates issued from the records during the calendar year are as follows:

Type of Certificate	Total
(1982)	
All Certificates	45,239
(Birth) Short Form	99
(Birth) Long Form	1,521
(Birth) Plastic	36,543
(Death) Short Form	2,378
(Death) Long Form	256
(Marriage) Short Form	896
(Marriage) Long Form	18
(Marriage) Plastic	712
Photocopies	2,816

Searches of records for which a count was maintained totalled 45,476. Many hundreds of searches made to verify information for other Government Departments, and others where authority exists to do this work without charge, are not counted.

Due to the fact that tabulations of details from records of vital occurrences for the calendar year 1982 cannot be completed until after this report will have been printed, specified causes of death and other detailed data cannot be included here. Such data will be available at a later date direct from the Deputy Registrar General, P.O. Box 157, Halifax, Nova Scotia or from Vital Statistics Section, Statistics Canada, Ottawa.

PERSONNEL

In 1982-83, the department deleted a net of 12 positions from the Establishment with an estimated cost reduction of $298,893.74 (see Tables 1 and 2.) There were 43 approved vacancies in 1982-83 compared with 81 in 1981-82. Twenty persons were appointed on a short term basis for the purpose of replacing staff absent for reasons as maternity leave, etc.

The Department, in cooperation with the Civil Service Commission, provided 47 employees with short course training in such areas as pre-retirement planning, supervisory techniques and development courses for secretarial staff.

Reclassifications and position reviews were minimal in 1982-83 with only one position being reviewed with no change.

Absenteeism continues to be the major problem and cost with 4,663.5 days being lost in 1982-83 due to illness and 1,688 days lost as leave without pay. This is an increase of 14% and 11% respectively over the previous year.

Nine (9) employees retired from the Department of Health during the year, with an average of 19 years service per employee.

These people included:

Lucille Feener - Clerk - Atlantic Health Unit
Dr. N.F. Macneill - Director - Cape Breton Health Unit
Dr. E.L. Stephenson - Dentist - Cape Breton Health Unit
Dr. J.D. Bourque - Dentist - Northumberland Health Unit
Doris Bennett - Clerk - Atlantic Health Unit
Ellen Dyer - Secretary - Atlantic Health Unit
Margaret C. Fleming - C. H. N. - Cape Breton Health Unit
Allison Minard - C. H. N. - Lunenburg/Queens Health Unit
Donald Moors - Public Health Inspector - Atlantic Health Unit

ESTABLISHED POSITIONS

	March 31/82	March 31/83
Field C.H.N.'s and C.N.A.'s	203	202
Inspectors	66	66
Engineers	10	10
Dentists	8	6
Dental Assistants	7	5
Dental Hygienists	23	23
Nutritionists	9	8
Clerical	160	154
Consultants, Technical and Administration	87	87
TOTAL	573	561

ESTABLISHMENT CHANGES WITH ESTIMATED DOLLAR VALUE
April 1/82 - March 31/83

	POSITIONS		ESTIMATED COST	
	Added	Deleted	Added	Deleted
Medical Staff (MS)	0	0	0	0
Professional Management (MCP, OIC)	1	1	$ 33,724.00	$ 47,476.00
Professional & Technical (PR) (TE)	2	2	$ 59,680.14	$ 60,261.76
Clerical (CL)	1	7	$ 17,896.02	$117,558.22
Nursing (HSN, HSA)	0	1	0	$ 27,441.70
Inspection (TE)	1	1	$ 30,373.72	$ 29,194.62
Nutrition (PR)	0	1	0	$ 30,130.88
Dental (TE, HSB, DPP)	0	4	0	$128,504.44
	5	17	$141,673.88	$440,567.62
NET DELETED		12		$298,893.74

VACANCIES

	April 1, 1981 to March 31, 1982	April 1, 1982 to March 31, 1983
Consultants, Technical and Administration	1	6
Training Positions	1	0
Clerical	31	20
Nursing	24	9
Engineering (Inspection)	17	6
Dental	5	2
Nutritionists	2	0
TOTAL	81	43

LEGAL COUNSEL

A member of the Department of the Attorney General has been assigned to and physically located in the Department of Health since October, 1978. Responsibilities of Legal Counsel include direct responsibility to the Minister and Deputy Minister of Health on all matters in the health field. Advice to the Department is given in the main through senior staff officials on administrative, policy and legal matters in the areas of community and environmental health, health manpower (including regulation of health disciplines,) hospital operation and the Hospital Insurance Plan.

Legal Counsel deals on a regular basis with hospitals throughout Nova Scotia, especially in situations involving a hospital and the Department of Health. Considerable time is spent in the interpretation and application of statutes and regulations in the health care field, the review of hospital by-laws, the drafting of legislation, in-service legal education, and preparation of contracts and other documentation for consideration by the Executive Council, Policy and Management Boards.

The solicitor presently holding the position of Legal Counsel also acts as legal adviser to the Nova Scotia Commission on Drug Dependency, the Division of Vital Statistics, and the Victoria General Hospital.